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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Moder	n Motors LLC			
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Neville P.	E. Barrett			
		Name of Person)		; -
Modern M	lotors LLC			
		(Firm/Company)		A * 100
P.O. Box	6452			
		(Address)	# · \$	
Louisville, KY 40206				
	(City	//State and Zip Code)	JAN CRET	
For further information	concerning this matter, please	call:	ARY SSE	5
Neville P. E. Ba	arrett	at (502) 931-449	97 E.S. 3	O
	of Person)	(Área Code & Daytime Te	elephone Number)	i >
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>\$</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Modern Motors LLC	
(Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7490 Miami Lakes Drive A201	P.O. Box 6452
Hialeah, FL 33014-6831	P.O. Box 6452 Louisville, KY 40206
	
	red Office, & Registered Agent's Signature:
The name and the Florida street address of th	$ \bigcirc \downarrow $
Neville P. E. Barrett	
Nar	me
7490 Miami Lakes Dri	ve A201
Florida street	address (P.O. Box <u>NQT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

FL 33014-6831

Registered Agent's Signature (REQUIRED

City, State, and Zip

Hialeah

(CONTINUED) Page 1 of 2

10:30-05

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Neville P. E. Barrett 7490 Miami Lakes Drive A201 Hisleah, FL 33014-6831 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 30 December 2005 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Neville P. E. Barrett

Rulle JE Borno

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)